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HEALTH ASSESSMENT TOOL FOR DV PROGRAMS

General Health Status

1	Do you see a health care provider on a regular basis?	Yes/No
2	Have you had a physical in the last year?	Yes/No
3	Do you currently have health insurance or medical coverage? If so, what?	Yes/No
	If NO, would you like assistance with enrolling in medical coverage?	Yes/No
4	Do you have any allergies that staff should be aware of? If YES, please list:	Yes/No
5	Do you have any medical concerns (if no, skip to question 9)? If YES, please list:	Yes/No
6	Are you experiencing any health issues that you feel need immediate treatment? [If yes, make warm referral to health partner for urgent appointment]	Yes/No
7	What medications (if any) do you take?	
8	On a scale from 1 to 10, with 1 being no control and 10 being complete control, how much control do you feel you have over your own health?	
9	How do you rate your overall health?	Excellent Good Fair Poor
10	Even if no active medical concerns, offer the educational safety card and make connection to health services: <i>"Given how much relationships affect people's health, we partner with a local health center to provide care for our clients. Are you interested in connecting with one of the providers to review your health history and get a routine check up?"</i>	

Alcohol and Substance Use

1	Do you drink alcohol? If YES how much?	Yes/No Amount:
2	Do you smoke cigarettes? If YES, how many:	Yes/No
3	Do you take any drugs, medications or supplements that are not prescribed by a doctor?	Yes/No

Sexual and Reproductive Health

1	In the last year, have you had an annual women's health or sexual health exam?	Yes/No
2	At this time, are you experiencing any symptoms that you feel should be seen by a reproductive health care provider?	Yes/No
3	In the past week, have you had unprotected sexual intercourse?	Yes/No
4	If yes, are you interested in receiving emergency contraception (the morning after pill) to help prevent pregnancy?	Yes/No
5	If no immediate symptoms – Are you interested in meeting with a reproductive health care provider to discuss pregnancy prevention and/or sexual health?	Yes/No

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**This recommended health assessment tool was created and tested as part of a data pilot funded by Blue Shield of California Foundation and led by Futures Without Violence. It was co-authored by Futures Without Violence and the Children's Hospital of Pittsburgh of UPMC/University of Pittsburgh, and informed by the work of three DV programs in CA: Family Assistance Program; YWCA of San Gabriel Valley and Jenesse Center, Inc.*

The data pilot, funded from July 2017 through June 2018, was a second phase effort to measure the impact of Domestic Violence and Health Care Partnerships, coordinated response and integrated systems of care on survivor health and safety outcomes, access and healthcare utilization.

To learn more about the pilot and Domestic Violence and Health Care Partnerships, please visit www.dvhealthpartnerships.org.